

WOOLLY FARMS FOUNDATION DECLARATION OF CONSENT

I, _____, parent/guardian of _____ give my permission:
(parent/guardian's name printed) *(name of participant)*

- to the medical personnel selected by the Woolly Farms Foundation staff to order hospitalization, treatment, anesthesia and surgery if necessary in case of an emergency when parent(s) and/or guardian(s) cannot be reached.
- to the Woolly Farms Foundation staff person or adult volunteer leader to administer participant's medication in my absence.
- to use participant's name and/or picture in presentations, media releases, videos, social media posts, newsletter and marketing materials solely for the purpose of promoting the Woolly Farms Foundation.
- to all staff and volunteers designated by Woolly Farms Foundation to provide transportation for participant in conjunction with programs in which participant is involved in. Further, I agree to release Woolly Farms Foundation, Crèche Academy, Mammoth Sports Construction and Mammoth Sports Academy from all liability for any accidental injury to participant and/or his/her possessions while using this transportation.
- to release Woolly Farms Foundation, Crèche Academy, Mammoth Sports Construction and Mammoth Sports Academy, their staff and volunteers from all liability for any additional illness or injury to participant. I also release these parties from liability for any accidental damage or destruction of my participant's property during the provision of Woolly Farms Foundation programs/activities.

Signature

Date